

S. No. 2  
M-5-42  
r. 5-17-39  
P 1 X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5076

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Ramsey City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1030 Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 6 yrs

3. (a) PRINT FULL NAME Margaret Clifford  
3. (b) If veteran, name war ind 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Samuel J. Clifford 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Mar 3 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 3 11 hr. \_\_\_\_\_ min.

9. Birthplace Waver Mass 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Thomas Haley  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Catharine C Deister

(b) Address 1030 Benton

17. (a) Burial & Removal (b) Date thereof Feb. 15-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Halden Mo.

18. (a) Signature of funeral director Mr CR Foster

(b) Address 918 Brooklyn

19. (a) 2-15-43 (b) M. M. Groves  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Ramsey City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1030 Benton  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14  
year 1943 hour 4 minutes 30 a M.

21. I hereby certify that I attended the deceased from Oct 31, 1943 to Feb 14, 1943  
that I last saw her alive on Feb 13, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 da

Due to Arterial Hypertension yrs. 4

Due to (Fracture of hip) 1942

Other conditions 186 lb  
(Include pregnancy within 3 months of death) 18

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Acc 151

(b) Date of occurrence Oct 31 1942

(c) Where did injury occur? Halden Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Fall

23. Signature J. Bellavance (M. D. or other)

Address 703 Lathrop Bldg HCMo Date signed 2/15/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Pathways by  
1/10/90 51  
Lpm*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**